

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



FILED

09 JAN 21 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9800006]332  
1. Corporation Name  
PPGP of Florida, Inc.

Principal Place of Business Mailing Address  
150 North Broad Street 150 N. Broad Street  
Philadelphia, PA 19102 Philadelphia, PA 19102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 23-2977949		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt #, etc	26	Suite, Apt #, etc	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country	29	Country				

9. Name and Address of Current Registered Agent  
Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director, President & CEO <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph S. Zuritsky	12 NAME	
STREET ADDRESS	150 North Broad Street	13 STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19102	14 CITY-ST-ZIP	
TITLE	Sr. VP, Sec & Treasurer <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Etta Winigrad	22 NAME	
STREET ADDRESS	150 North Broad Street	23 STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19102	24 CITY-ST-ZIP	
TITLE	VP, Asst Sec, Gen Counsel <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan J. Costello, Esquire	32 NAME	
STREET ADDRESS	150 North Broad Street	33 STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19102	34 CITY-ST-ZIP	
TITLE	VP, Real Estate & Dev <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G. Ross Wilson	42 NAME	
STREET ADDRESS	150 North Broad Street	43 STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19102	44 CITY-ST-ZIP	
TITLE	see attached rider <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Etta Winigrad 12/22/98 215-575-4004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

12/22/98  
1/2/99

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Profit Corporation Annual Report 1998

PPGP of Florida, Inc.

Rider to Question 12 - Officers & Directors

Title Vice President, Chief Operation Officer

Name Thomas B. Keefer

Street Address 150 North Broad Street

City-ST-Zip Philadelphia, PA 19102

Title Vice President, Financial Operations

Name Diana Caromano

Street Address 150 North Broad Street

City-ST-Zip Philadelphia, PA 19102

Title Assistant Treasurer

Name Jacob S. Winigrad

Street Address 150 North Broad

City-ST-Zip Philadelphia, PA 19102

Title Assistant Treasurer

Name Anna Z. Boni

Street Address 150 North Broad Street

City-ST-Zip Philadelphia, PA 19102

Title Assistant Secretary

Name Alvin Freiberg

Street Address 150 North Broad Street

City-ST-Zip Philadelphia, PA 19102